

Introduction

Fundación Universidad de las Américas Puebla, based on the right that people should have health protection, has as one objective to foster, preserve, and improve the health conditions of the population and promote in individuals the attitudes, values, and behaviors that benefit their own health and that of the community.

According to the 2013-2018 Strategic Plan, the “university” aims to educate, in a plural environment, excellent students who can develop in their formative trajectory cultural, personal, and professional aspects and be characterized by their knowledge, learning experiences, competencies, and social responsibility.

Likewise, the “university” is committed to promoting the health of its community through a drug and alcohol-free zone, focusing its objectives and actions according to key principles and promoting actions based on institutional values.

This program includes information regarding institutional regulations that prohibit the illegal possession, use, fabrication, and/or distribution of alcohol or illegal drugs at the “university”, its facilities, and/or at any part of university activity.

*** The “University” annually notifies its students and employees its Drug and Alcohol Abuse Prevention Program in September. The notification contains a link to the most recent “program” version, and it is sent via institutional email.*

Definitions

- **Campaigns.** Group of activities based on a work program and developed at given times, focusing on a specific topic, and whose objectives are to bring attention to the “university community”, awaken their interest, and provide information regarding the topic.
- **University Community.** Students enrolled in the current school term and employees of Fundación Universidad de las Américas Puebla.
- **CONADIC.** The National Commission Against Addictions, an organization that is part of the Secretary of Health, whose main objectives are to promote a network of addiction rehabilitation centers and to inform on the nation’s situation on this topic.
- **Employee.** Person who provides a service for Fundación Universidad de las Américas Puebla.
- **Student.** Person enrolled in a licenciatura, bachelor or graduate (*maestría, doctorado*, master and doctorate) program, as well as in international exchange programs offered by Fundación Universidad de las Américas Puebla, and who is registered in a current term’s course.
- **NOM.** The Official Mexican Regulation NOM-028-SSA2-2009 for the prevention, treatment, and control of addictions, as issued by the Secretary of Health.
- **WHO.** World Health Organization, a branch of the United Nations (UN) specializing in managing prevention, promotion, and intervention health policies at a world level.
- **Prevention.** Defined by “NOM” as a group of actions that identify, avoid, reduce, regulate, or eliminate the non-therapeutic use of psychoactive substances as a sanitary risk, as well as its physical, psychiatric, economic, family, and social consequences.
- **Program.** The Drug and Alcohol Abuse Prevention Program of the “university” that consists of actions geared towards preventing the use and abuse of drugs and alcohol.
- **Rehabilitation Programs.** Brief intervention workshops for drug and alcohol users.

- **Treatments.** Set of actions geared towards abstinence or decreased use of psychoactive substances, to lessen the risk and damage implicated in their use or abuse and to ameliorate the ailments associated with them, as well as to improve the physical, mental, and social wellbeing of addicts and their families.
- **Psychoactive or psychotropic substance.** Substance that alters some mental and physical functions and that when used frequently may cause addiction. These products include substances, drugs, and narcotics classified in the General Health Law; those of medical or industrial use; those from natural or designer origin; and alcohol and tobacco.
- **University.** Fundación Universidad de las Américas Puebla.

General Regulations

The Department of Medical Services and Sports Rehabilitation will be in charge of the implementation, development, and operation of this “program.”

The Student Development Department will be in charge of implementing and developing the “campaigns” specified ahead to raise awareness in “students” of the effects, consequences, and risks associated to the use of illegal drugs and alcohol.

Since the beginning of this “program”, the Department of Medical Services and Sports Rehabilitation will make biennial reviews to the program to determine its effectiveness, to make sure that the sanctions imposed are being implemented, to know the registered number of violations reported to the “university” authorities on campus or as part of any external activity, and to learn the number and type of sanctions imposed by the “university” as a result of violations to this “program.”

General Objective

To prevent the possession, use, or distribution of illegal drugs and alcohol by any “student” or “employee” within “university” installations, or in any activity related to the “university” or developed under its name.

Specific Objectives

1. To inform of the applicable sanctions under local and federal law regarding the possession or distribution of illegal drugs or alcohol.
2. To inform about the risks associated with the use of illegal drugs and alcohol abuse.
3. To inform about “counseling”, “treatments”, “rehabilitation” or other programs available for “students” and “employees”.
4. To describe and inform about the “university” sanctions imposed to “students” or “employees”, according to internal and/or state or federal legislation, for the possession, use or distribution of illegal drugs and alcohol within the “university”, or as part of any activity related to it or developed under its name. These sanctions include reporting illegal activities to the authorities in the cases considered pertinent.

Strategies

- To provide every “student” and “employee” with information of this “program”, understanding that making it available for consultation may not be considered as advertising. The Student Development Department and the Human Resources Department must issue it yearly in September.
- To develop campaigns for “students” and “employees” to raise awareness of the effects, consequences, and “associated risks” of using and abusing illegal drugs and alcohol, in accordance with the regulations of the Department of Medical Services and Sports Rehabilitation, the “NOM-028-SSA2-2009 for the prevention, treatment and control of regulations” Official Mexican Regulation, and any other regulation on this subject that they determine or recommend.

The “**Reglamento General de Estudiantes**” establishes in Article 8

“Any student who has alcohol, illegal drugs, and/or prohibited substance abuse problems that affect their health may request help from the Department of Student Programs. This situation will not influence the academic or disciplinary status of students as long as they have not committed any offense, aggression or damage to third parties.”

Article 10 section m. of this same regulation states that it is the “student’s” obligation to

“Collaborate in anti-doping testing, supervised by the Department of Medical Services, as required by the University.”

Likewise, article 39 states that the “university”:

*“... reserves the right to deny students entry to the campus when they are inebriated; and it is forbidden for students to introduce and/or consume alcohol inside the university. Offenses derived from alcohol consumption can be considered serious and fined as such according to what is established in the **Reglamento de la Comisión Disciplinaria de Asuntos Estudiantiles.**”*

Article 40 of the “**Reglamento General de Estudiantes**” also states that

“The possession, safekeeping, consumption or distribution - commercial or non-commercial - of illegal drugs or psychotropic substances on campus or other university installations or university sanctioned activities inside or outside the campus is strictly forbidden. These actions will lead to the immediate expulsion of the student, advising their parents or tutors. The university will report such actions to the authorities.”

The “**Reglamento de la Comisión Disciplinaria de Asuntos Estudiantiles**”, in Chapter III, article 33, details which disciplinary faults are to be considered serious, listing the following

s. Enter the campus under the effects of psychotropic substances.

t. Commit any offense while under the effects of alcohol or illegal drugs.

u. Possess, safekeep, consume or distribute - for sale or private use - illegal drugs or psychotropic substances. These cases will be addressed according to the “Reglamento General de Estudiantes”.

Additional to the established institutional fines, if considered pertinent or necessary after analysis of each specific case, the “university”, through its Legal Department, will notify the authorities so they can conduct the corresponding actions in accordance to the law.

The “University” will apply the sanctions established in the “**Reglamento General de Estudiantes**” and other institutional regulations to the students who possess, safekeep, consume or distribute illegal substances, and they will be **permanently expelled from the “University”**. **In addition, if applicable, the appropriate reports will be made to the authorities.**

Therefore, the students must know the legal sanctions applicable in case of possession, safekeeping, consumption and distribution of illegal substances.

Applicable Legal Sanctions

Article 479 of the “**Ley General de Salud**” states that a narcotic is considered for strict and immediate personal consumption when the amount in any of its formats, derivatives or preparations does not exceed the following

Table of Maximum Doses for Personal and Immediate Consumption		
Narcotic	Maximum dose for personal and immediate consumption	
Opium	2 gr.	
Diacetylmorphine or Heroin	50 mg.	
Cannabis Sativa, Indica or Marihuana	5 gr.	
Cocaine	500 mg.	
LSD	0.015 mg.	
MDA, Methylenedioxyamphetamine	Powder, granulate or crystal	Tablets or capsules
	40 mg.	One unit weighing no more than 200 mg.
MDMA, 3,4-methylenedioxyamphetamine (Ecstasy, Molly)	40 mg.	One unit weighing no more than 200 mg.
Methamphetamine	40 mg.	One unit weighing no more than 200 mg.

This table is found in article 479 of the “Ley General de Salud”

Also, the “**Ley General de Salud**” establishes in its articles 235 to 237; 245 and 248

Article 235. *The cultivation, growth, sowing, elaboration, preparation, conditioning, acquisition, possession, commerce, transport in any way, medical prescription, supply, use, consumption and in general all act related to narcotics or any product that contains them is subject to*

- I. The provisions of this law and its regulations;*
- II. The treaties and international agreements that Mexico is part of and have been celebrated according to the regulations derived of Mexico’s Constitution;*
- III. The regulations issued by the Council of General Public Health;*
- IV. What is established in other Laws and regulations related to this topic;*
- V. (Repealed)*
- VI. Related regulations issued by other Federal Secretaries in their respective areas.*

The acts referred to in this article can only be carried out for medical and scientific ends and require the authorization of the Secretary of Health.

Article 236. *The Secretary of Health will establish the requirements that must be met to trade or traffic drugs within national territory and will issue the corresponding permits to acquire or transport them.*

Article 237. *All actions mentioned in article 235 of this Law are forbidden in national territory regarding the following substances and vegetables: opium prepared to smoke; diacetylmorphine or heroin, their salts or derivatives; cannabis sativa, indica and americana or marihuana; papaver somniferum or adormidera; papaver bacteatum; and erythroxyllum novogratense or cocaine, in any of its forms, derivatives or preparations. This prohibition may be established by the Secretary of Health for other substances mentioned*

in article 234 of this Law, when their therapeutic use is considered replaceable by other substances judged not to create addiction.

Article 245. With regards to the control and surveillance measures that must be adopted by the health authorities, psychotropic substances are classified into five groups

1. Those that have scarce or null therapeutic value, and because they are prone to be abused or wrongfully used, are especially problematic for public health

Common International Name	Other Common or Street Names	Chemical Name
CATHINONE	(BATH SALTS)	(-)- α -amino-propiofenone.
MEPHEDRONE	4- METHYL METHACRYLATE	2-methylamino-1ptolylpropan-1-one
NONE	DET	n,n-diethyltryptamine
NONE	DMA	dl-2,5-dimetoxi- α -methylphenylethylamine.
NONE	DMHP	3-(1,2-dimetylheptyl)-1-hydroxi-7,8,9,10-tetrahidro-6,6,9-trimethyl-6H dibenzo (b,d) pirano.
NONE	DMT	n,n-dimethyltryptamine.
BROMOAMPHETAMINE	DOB	2,5-dimetoxi-4-bromoamphetamine.
NONE	DOET	dl-2,5-dimetoxi-4-ethyl- α -methylphenylethylamine
(+)-LYSERGIDE	LSD, LSD-25	(+)-n,n-diethyl-sergamide (d-Lysergic acid diethylamide).
NONE	MDA	3,4-methylenodioxiamphetamine.
TENAMPHETAMINE	MDMA	dl-3,4-methylenedioxi-n,-dimethylphenylethylamine.
NONE	MESCALINE (PEYOTE); LO-PHOPHORA WILLIAMS II ANHALONIUM WILLIAMS II;	3,4,5-trimethoxyphenethylamine.

	ANHALONIUM LEWIN II.	
NONE	MMDA.	dl-5-metoxi-3,4-metilendioxi- α -methyl-phenyl-ethylamine.
NONE	PARAHEXYL	3-hexil-1-hidroxi-7,8,9,10-tetrahydro-6,6,9-trimetil-6h-dibenzo [b,d] piran.
ETICYCLIDINE	PCE	n-ethyl-1-phenyl-ciclohexilmina.
ROLICYCLIDINE	PHP, PCPY	1-(1-phencyclidine) pyrrolidine.
NONE	PMA	4-metoxi- α -methylphenylethylamine.
NONE	PSILOCIN,	3-(2-dimethyl-aminoethyl) -4-hidroxi-indol.
PSYLOCYBIN	HALLUCINOGENIC MUSHROOMS, ESPECIALLY THE PSILOCYBE MEXICANA, STOPHARIA CUBENSIS, AND CONOCYBE SPECIES AND THEIR MAIN ACTIVE INGREDIENTS.	dehydrogenate phosphate of 3-(2-dimethylaminoethyl)-indol-4-ilo.
NONE	STP, DOM	2-amino-1-(2,5 dimetoxi-4-methyl) phenyl propane.
TENOCYCLIDINE	TCP	1-[1-(2-tienil) cyclohexyl]piperidine.
SYNTHETIC CANNABIS	K2	
NONE	TMA	dl-3,4,5-trimetoxi- methylphenylethylamine.
PIPERAZINE TFMPP	NO TIENE	1,3- trifluormethylphenylpiperazine
PIPERONAL OR HELIOTROPIN		
ISOSAFROLE		
SAFROLE		
BENZYL CYANIDE		

II. *Those that have some therapeutic value, but can be considered a serious problem for public health:*

AMOBARBITAL	MECLOCUALONA
ANFETAMINA	METACUALONA
BUTORFANOL	METANFETAMINA
CICLOBARBITAL	NALBUFINA
DEXTROANFETAMINA (DEXANFETAMINA)	PENTOBARBITAL
FENETILINA	SECOBARBITAL.
FENCICLIDINA	TETRAHYDROCANNABINOL, those that are or contain concentrations bigger than 1%, of the isomers $\Delta 6a$ (10a), $\Delta 6a$ (7), $\Delta 7$, $\Delta 8$, $\Delta 9$, $\Delta 10$, $\Delta 9$ (11) and their stereochemical varieties.
HEPTABARBITAL	And its salts, precursors, and chemical derivatives.

III. *Those that have therapeutic value but can be a public health problem*

- **Benzodiazepines:**

ACIDO BARBITURICO (2, 4, 6 TRIHIDROXIPYRAMIDINA)	HALOXAZOLAM
ALPRAZOLAM	KETAZOLAM
AMOXAPINA	LOFLACEPATO DE ETILO
BROMAZEPAM	LOPRAZOLAM
BROTIZOLAM	LORAZEPAM
CAMAZEPAM	LORMETAZEPAM
CLOBAZAM	METAZEPAM
CLONAZEPAM	MIDAZOLAM
CLORACEPATO DIPOTASICO	NIMETAZEPAM
CLORDIAZEPOXIDO	NITRAZEPAM
CLOTIAZEPAM	NORDAZEPAM
CLOXAZOLAM	OXAZEPAM
CLOZAPINA	OXAZOLAM
DELORAZEPAM	PEMOLINA
DIAZEPAM	PIMOZIDE
EFEDRINA	PINAZEPAM
ERGOMETRINA (ERGONOVINA)	PRAZEPAM

ERGOTAMINA	PSEUDOEFEDRINA
ESTAZOLAM	QUAZEPAM
FENIL -2- PROPANONA	RISPERIDONA
FENILPROPANOLAMINA	TEMAZEPAM
FLUDIAZEPAM	TETRAZEPAM
FLUNITRAZEPAM	TRIAZOLAM
FLURAZEPAM	ZIPEPROL
HALAZEPAM	ZOPICLONA
HALOXAZOLAM	And its salts, precursors and chemical derivatives.

- Other

ANFEPRAMONA (DIETILPROPION)	FENTERMINA
CARISOPRODOL	GLUTETIMIDA
CLOBENZOREX (CLOROFENTERMINA)	HIDRATO DE CLORAL
ETCLORVINOL	KETAMINA
FENDIMETRAZINA	MEFENOREX
FENPROPOREX	MEPROBAMATO
	TRIHEXIFENIDILO.

IV. *Those that have wide therapeutic use and are a minor public health problem*

GABOB (ACIDO GAMMA AMINO BETA HIDROXIBUTIRICO)	IMIPRAMINA
ALOBARBITAL	ISOCARBOXAZIDA
AMITRIPTILINA	LEFETAMINA
APROBARBITAL	LEVODOPA
BARBITAL	LITIO-CARBONATO
BENZOFETAMINA	MAPROTILINA
BENZQUINAMINA	MAZINDOL
BIPERIDENO	MEPAZINA
BUSPIRONA	METILFENOBARBITAL
BUTABARBITAL	METILPARAFINOL
BUTALBITAL	METIPRILONA
BUTAPERAZINA	NALOXONA NOR-PSEUDOEFEDRINA (+) CATINA (sic DOF 19-06-2017)
BUTETAL	NORTRIPTILINA
BUTRIPTILINA	PARALDEHIDO

CAFEINA	PENFLURIDOL
CARBAMAZEPINA	PENTOTAL SODICO
CARBIDOPA	PERFENAZINA
CARBROMAL	PIPRADROL
CLORIMIPRAMINA	PROMAZINA
CLORHIDRATO (sic DOF 19-06-2017)	PROPILHEXEDRINA
CLOROMEZANONA	SERTRALINA
CLOROPROMAZINA	SULPIRIDE
CLORPROTIXENO	TETRABENAZINA
DEANOL	TETRAHYDROCANNABINOL, those that are or contain concentrations equal or less than 1% of the isomers $\Delta 6a$ (10a), $\Delta 6a$ (7), $\Delta 7$, $\Delta 8$, $\Delta 9$, $\Delta 10$, $\Delta 9$ (11) and their stereochemical varieties.
DESIPRAMINA	TIALBARBITAL
ECTILUREA	TIOPIENTAL
ETINAMATO	TIOPROPERAZINA
FENELCINA	TIORIDAZINA
FENFLURAMINA	TRAMADOL
FENOBARBITAL	TRAZODONE
FLUFENAZINA	TRAZOLIDONA
FLUMAZENIL	TRIFLUOPERAZINA
HALOPERIDOL	VALPROICO (ACIDO)
HEXOBARBITAL	VINILBITAL.
HIDROXICINA	And their salts, precursors, and chemical derivatives.

V. *Those that lack therapeutic value and are commonly used in industry, which will be determined by the corresponding regulations*

Article 248. *All actions mentioned in article 247 of this Law are strictly prohibited, related to the substances included in section I of article 245.*

Likewise, the “**Código Penal Federal**” establishes the following sentences for crimes associated with drugs:

Article	Sentence	Sanctioned Action	Controlled Substance
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194 Federal Penal Code	10 - 25 years in prison + A fine equivalent to 100 - 500 times the daily minimum wage	Produce, transport, traffic, sell, supply even free of charge, or prescribe one of the narcotics specified in article 237 of the General Health Law, without the corresponding authorization referred to in the General Health Law;	Prepared or smoking opium, diacetylmorphine or heroin, its salts or derivatives; cannabis sativa, indica, and americana, or marihuana; papaver somniferum or adormidera; papaver bactreatum; and erythroxyllum novogratense or cocaine, in any of its forms, derivatives or preparations.
		Import or export of any of the narcotics included in the previous article, even if momentarily or in transit.	N / A
		Provide economic resources, or any type of resource, or collaborate in any way, either by financing, supervising or promoting, to facilitate the execution of any of the crimes referred to in this chapter;	N / A
		Carry out acts of publicity or propaganda to consume any of the substances referred to in the previous article	N / A
195 Federal Penal Code	5 - 15 years in prison + A fine equivalent to 100 - 350 times the daily minimum wage	Possession of any of the narcotics specified in article 193 without the corresponding authorization referred to in the General Health Law, as long as the possession is to carry out one of the behaviors foreseen in article 194, both of this code.	Narcotics, drugs and other substances specified in articles 237, 245, sections I, II, and III and 248 of the General Health Law. When the accused possesses one of the narcotics specified in the table provided in article 479 of the

			General Health Law in quantities equal or above the result of multiplying by a thousand the quantities mentioned; possession is considered to be one of the behaviors mentioned in article 194 of this code
195 <i>bis</i> Federal Penal Code	4 - 7 years 6 months of prison + A fine equivalent to 50 - 150 times the daily minimum wage	When due to the circumstances of possession of any of the narcotics mentioned in article 193, without the authorization referred to in the General Health Law, the behavior cannot be considered as one referred to in article 194.	N / A
196 Federal Penal Code	The fines that are applicable due to the crimes mentioned in article 194, will be increased by half when: →	IV. They are committed in educational, health, police or prison centers or in their surroundings;	N / A
196 <i>ter</i> Federal Penal Code	5 - 15 years of prison + A fine equivalent to 100 - 300 times the daily minimum wage + confiscation of instruments, objects and products	Diverts or contributes to divert chemical precursors, essential chemical products or equipment for the extraction, production preparation or conditioning of narcotics in any way that is prohibited by law.	N / A

<p>197 Federal Penal Code</p>	<p>3 - 9 years in prison + A fine equivalent to 60 - 180 times the daily minimum wage <i>(The fines will increase up to a half more if the victim is under age, unable to understand the relevance of the behavior or for resisting an agent.)</i></p>	<p>To the person who, without intervention from an M.D., provides someone else either through injection, inhalation, ingestion or any other means, a narcotic referred to in article 193</p>	<p>N / A</p>
	<p>2 - 6 years in prison + A fine equivalent to 40 - 120 times the daily minimum wage <i>(If whoever receives the narcotic is underage or disabled, the fines will increase by up to fifty percent.)</i></p>	<p>To the person who unduly provides for free, or prescribes to an adult third party, a narcotic mentioned in article 193 for personal and immediate use, or who induces or helps another person to consume any of the narcotics mentioned in article 193.</p>	<p>N / A</p>
<p>198 Federal Penal Code</p>	<p>1 - 6 years of prison</p>	<p>To the peasant or farmer who sows, grows or harvests marihuana, poppy, hallucinogenic mushrooms, peyote or any other vegetable that produces similar effects, acting either alone or financed by third parties</p>	<p>N / A</p>

In the cases where the jurisdiction is the Free and Sovereign State of Puebla, the **“Código Penal para el Estado Libre y Soberano de Puebla”**, establishes the following fines for crimes against health associated to drugs

Article	Sentence	Penalized Action	Controlled Substance
463 Penal Code for the Free and Sovereign State of Puebla.	4 - 8 years of prison + A fine equivalent to 200 - 400 times the daily minimum wage	To the person who deals drugs, who without authorization sells or supplies, even for free, narcotics in a quantity inferior to the result of multiplying the amounts in the table by a thousand (From article 479 of the General Health Law).	N/A
463 Código Penal del Estado Libre y Soberano de Puebla.	7 - 15 years in prison + A fine equivalent to 200 - 400 times the daily minimum wage	When it is supplied or sold to a minor or when the intended user is unable to understand the relevance of this act, or for resisting arrest, or when the person is used to commit a crime	N/A
463 Penal Code for the Free and Sovereign State of Puebla.	4 - 8 years of prison + A fine equivalent to 200 - 400 times the daily minimum wage	To the person who deals drugs, who without authorization sells or supplies, even for free, narcotics in a quantity inferior to the result of multiplying the amounts in the table by a thousand (From article 479 of the General Health Law).	N/A
463 Penal Code for the Free and Sovereign State of Puebla.	7 - 15 years of prison + A fine equivalent to 200 - 400 times the daily minimum wage	In case of selling or supplying to an underage person or to a person who does not have the capacity to understand the relevance of the behavior, or to resist arrest, or that the abovementioned person is used to commit a crime	N/A
463 Penal Code for the Free	The applicable fines for this crime will be	II. They are committed in education, health, police or	N/A

and Sovereign State of Puebla.	increased by half when →	prison centers, or within three hundred meters of any of the abovementioned places.	
464 Penal Code for the Free and Sovereign State of Puebla.	3 - 6 years of prison + A fine equivalent to 80 - 300 times the daily minimum wage	Drug trafficking with the purpose of selling or supplying without authorization. To the person who possesses a narcotic in a quantity below the result of multiplying by a thousand the amount on this table, as long as the possession is with intent to sell or commercialize them, even for free.	N/A
Penal Code for the Free and Sovereign State of Puebla.	10 months to 3 years in prison + A fine equivalent to 10 - 80 times the daily minimum wage	To the person who, without proper authorization, possesses narcotics in a quantity less than the result of multiplying by one thousand those specified in the table and even when they are not considered to be used for selling or commercializing. <i>(This offense will not be criminally prosecuted if it is because of medications that contain a narcotic listed on the table and that can be sold to the public with specific requirements when, due to their nature and quantity these medications, they are necessary for the treatment of the person or of someone who is under their custody or assistance.)</i>	N/A

In the case of “employees”, as well as the abovementioned sanctions, the “**Ley Federal del Trabajo**” in number 47, section XIII specifies as one cause of job termination without responsibility for the employer:

“XIII. If the employee arrives to work inebriated or under the influence of a narcotic or drug, unless there is a medical prescription. In this case the employee must inform the employer at the beginning of the workday and present the medical prescription;”

Drugs and “addiction”.

The “NOM” defines a drug as *“any substance that prevents or cures a disease or increases physical or mental wellbeing. In pharmacology it is known as any chemical agent that alters the biochemistry or a physiological process of a tissue or organism. Addiction or dependence is a psycho-physical state caused by the interaction of a living organism with a medication, alcohol, tobacco or other drugs, characterized as a modification of behavior and other reactions that cause an uncontrollable impulse to take said substance continuously or periodically in order to experience its effects, and sometimes to avoid the discomfort produced by withdrawal.”*

There are “treatments” available to help people counteract the powerful, disruptive effects of addiction. The focus of treatment adapts to the patterns of drug abuse of each patient and to attend to any concurrent medical, psychiatric and social problem, which can lead to sustainable recovery and a life free of drugs.

Associated Risks

The body can suffer the following effects after drinking too much alcohol:

- **Brain.** Alcohol interferes with the communication pathways in the brain and can affect its appearance and functioning. These can change a person’s mood and behavior and make it harder to think clearly and move.
- **Heart.** Drinking for too long or too much in one occasion can damage the heart, causing problems that include:
 - Cardiomyopathy: stretching of the heart muscle
 - Arrhythmia: irregular heart beats
 - Heart racing
 - High blood pressure

Research shows that moderate amounts of alcohol can protect healthy adults from developing heart disease.

- **Liver.** Excessive drinking of alcohol affects the liver and can produce a variety of problems and hepatic inflammation that include
 - Fatty liver
 - Alcoholic hepatitis
 - Fibrosis
 - Cirrhosis
- **Pancreas.** Alcohol makes the pancreas produce toxic substances that eventually can cause pancreatitis, as well as dangerous inflammations of blood vessels in the pancreas that prevents adequate digestion.
- **Cancer.** Drinking too much alcohol can increase the risk of developing certain cancers, including
 - Mouth
 - Esophagus
 - Throat
 - Liver
 - Chest
- **Immune System.** Excessive drinking can weaken the immune system, making the body a better target for diseases. Chronic drinkers are more prone to contract pneumonia and tuberculosis.

Drinking too much on a single occasion reduces the body's ability to avoid infections, even 24 hours after getting drunk.

Substance Effects According to the “WHO”.

- **Alcohol.** *“Alcohol is a sedative/hypnotic with effects similar to barbiturates. As well as the social effects of drinking, alcoholic intoxication can cause poisoning or even death. Intense and prolonged consumption creates dependency, or a great number of mental,*

physical, and organic disorders.” It acts as a depressant, affects mood, weakens the senses and affects coordination, reflexes, memory, and judgment. Alcohol dilates the blood vessels and increases reddening and heat loss, is an anti-diuretic and interferes with hormones. The most serious effects can be damage to the liver, kidneys, pancreas, and brain.

- **Amphetamines.** *They are a “type of sympathomimetic amine that is a powerful stimulant of the central nervous system. In this group we can find amphetamine, dexamphetamine and methamphetamine. Among the substances related pharmacologically are methylphenidate, phenmetrazine and amphetamine. In the streets, amphetamines are known as “speed”. The signs and symptoms that indicate an amphetamine or other sympathomimetic intoxication are: tachycardia, pupil dilation, elevated blood pressure, hyperreflexia, sweating, chills, anorexia, nausea or vomit, insomnia and behavioral changes such as aggressiveness, delusions of grandeur, hypervigilance, agitation, and judgment alteration. In rare cases there may be delirium onset 24 hours after consumption. Chronic use leads to changes in personality and behavior, such as impulsiveness, aggressiveness, irritability, mistrust and paranoid psychosis (see amphetamine psychosis). When amphetamines are no longer taken after prolonged use, there can be a withdrawal reaction that includes depression, fatigue, binge eating, sleep disorders and dreamy states.”*

People may experience loss of appetite and heightened states of alert and wellbeing.

A person’s physical condition may be altered by an increase in breathing, heart rate, blood pressure, and pupil dilation.

- **Cocaine.** *“Both people who try cocaine for the first time, and people who are chronic users may suffer extreme toxic reactions. These consist of delirium akin to panic, fever, hypertension (sometimes with subdural or subarachnoid hemorrhage), arrhythmia, heart attack, cardiovascular collapse, convulsions, epilepsy, and death. Other neuro-psychiatric consequences are psychotic syndrome with paranoid delirium, hallucinations, and delusions. The terminology used to describe hallucinations or paranoid illusions that recall sunlight twinkling in snow are named “snow lights”.*

There have also been reports of teratogenic effects and even urinary tract anomalies and extremity deformations.”

It can cause an increase in heart rate, respiratory rate and body temperature, and chronic secretion of the nose and nose infections.

It can cause extreme anxiety and uneasiness and the following medical conditions

- Spasms
- Shaking
- Coordination problems
- Chest pain
- Nausea
- Convulsions
- Respiratory failure, and
- Heart attack.

- **Marihuana.**

“CONADIC” defines marihuana as “a hallucinogen that cause depression and control of inhibitions akin to those of alcohol. Some people report that they did not feel anything the first time they tried it. Usually, almost immediately, the consumer may feel dry mouth and throat, fast heartbeat, coordination problems (balance and movement), impaired judgment, and slow reflexes; the blood vessels of the eye expand to make them look red. Marihuana provokes distortion in the perception of time and distance, which increases the probability of accidents when driving or using machinery. After a while of use users may perceive sensations of past experiences. Depending on each person and the content of THC as well as the dose and frequency of use may present panic, loss of memory and of the ability to assimilate, organize, and retain information, intense hallucination and other mental problems like anguish, paranoia, delusions of persecution, and even toxic psychosis after taking it for the first time. THC is absorbed and deposited, remaining in the fatty tissue of several organs such as liver,

lungs and testicles, for prolonged periods of time, so it can be detected for up to four weeks after taking it.”

While the “WHO” recognizes that “cannabis intoxication produces a sense of euphoria, lightness of limbs, and often social withdrawal. It alters the ability to drive and to execute other complex activities that require dexterity; it affects the following areas: short term memory, attention, reaction time, ability to learn, motor coordination, depth of perception, peripheral vision, sense of time (it is normal for the subject to feel that time slows down) and signal detection. Other signs of intoxication that can manifest are excessive anxiety, mistrust or paranoid thoughts, in some cases euphoria or apathy, in others red eyes, hunger, dry mouth, and tachycardia. Cannabis is sometimes taken with alcohol, a combination that has additional psychomotor problems. Reports of cannabis intoxication include acute anxiety and anguish, as well as delirium that usually subsides in a few days.”

Marihuana has carcinogens and toxic compounds that may provoke

- Decrease in testosterone levels
 - Decrease in sperm count and abnormal sperm
 - Increase in heart rate, body temperature and appetite
 - Drowsiness
 - Dry mouth and throat
 - Red eyes and decreased eye pressure.
- **Methamphetamine.** It has stimulant effects. However, the long-term psychological effects may include confusion, memory loss, learning disability, depression, sleep disruptions, anxiety, and paranoia. This drug supposedly decreases the need to eat, drink, or sleep and may provoke severe dehydration and sunstroke (body temperature may reach between 41 and 42 degrees Celsius).

An overdose is characterized by rapid heartbeat, high blood pressure, fainting, muscle cramps, panic attacks and, in extreme cases, loss of consciousness or convulsions.

- **Opiates (morphine, heroin, codeine, opium).** *“The most commonly used opiates (such as morphine, heroin, hydro morphine, methadone and pethidine) join the μ receptors; they produce analgesia, mood changes (like euphoria that can turn into apathy), decreased breathing, drowsiness, difficulty moving, stuttering, inability to concentrate, memory problems and impaired judgment. With time, morphine and similar drugs create tolerance and neuro adaptive changes that are responsible for hyper excitability in withdrawal. Abstinence consists of irresistible craving for the substance, anxiety, extreme apathy, yawning, sweating, goose bumps, tearing, runny nose, nausea or vomiting, diarrhea, muscle cramps, muscle pain, and fever. With drugs or short-acting medications, such as morphine or heroin, abstinence symptoms appear 8 to 12 hours after the last dose, and reach their maximum level 48 to 72 hours, later disappearing after 7 to 10 days. With long-acting drugs like methadone abstinence symptoms appear 1 to 3 days after the last dose, reaching their peak between the third and eighth day and lasting up to several weeks, but are normally milder than symptoms from equivalent doses of morphine or heroin. Opioid use has several lasting physical consequences since most are habitually intravenous: hepatitis B, hepatitis C, AIDS, septicemia, endocarditis, pneumonia and lung abscesses, thrombophlebitis, and rhabdomyolysis. The social and psychosocial effects that normally reflect the illegal non-medical use of these substances is considerable.”*

The pharmacological effects include drowsiness, dizziness, mental confusion, and euphoria.

Some opiate medications, such as Codeine, Demerol and Darvon, also have stimulating effects that include:

- Agitation of the central nervous system
- Blood increase
- High blood pressure
- Increased heart rate
- Tremors, and

- Convulsions.

Users are very susceptible to physical dependency. The medications can cause skin, liver, heart, and lung infections. Nausea, vomiting, constipation, and decreased breathing are the usual causes of death.

- **Sedatives (barbiturates, benzodiazepine)** *“Central nervous system depressors that can alleviate anxiety and induce tranquility and sleep. Some medications of this type also provoke amnesia and muscle relaxation or have anti-convulsive properties. The main groups of sedatives/hypnotics are benzodiazepine and barbiturates. They also include alcohol, buspirone, chloral hydrate, acecarbrotal, glutethimide, metoprolol, ethchlorvynol, ethinamate, meprobamate and methaqualone. Some authorities use the term sedatives/hypnotics to refer to a subgroup of these medications that are used to calm very anxious people or to induce sleep, and differentiate them from minor tranquilizers used to treat anxiety.*

Barbiturates present a tiny margin between therapeutic and toxic doses, and overdose is mortal. These substances have a high potential for being overused: physical dependency appears quickly, as well as tolerance. Chloral hydrate, acecarbrotal, glutethimide, metoprolol, ethchlorvynol, and ethinamate have a high potential for physical dependency and misuse and are also very lethal in case of overdose. Due to these risks, sedatives/hypnotics should not be administered continuously as an insomnia treatment. All sedatives/hypnotics can affect concentration, memory, and coordination. Other frequent effects are hangover, sputtering, lack of coordination, unsteady gait, dry mouth, decreased intestinal motility and emotional lability. On occasion there appears a paradoxical reaction of excitement or rage. The time required to fall asleep is shortened, but REM sleep is reduced, and abstinence can return REM sleep and sleep pattern disorders. Therefore, patients treated for long periods of time can present psychological and physical drug dependency, even if they've never used more than what was prescribed. Abstinence reactions can be intense and happen after having used moderate doses of sedatives/hypnotics or anxiety medication during several weeks. The symptoms include anxiety, irritability, insomnia (often with nightmares), nausea or vomiting, tachycardia, sweating, shaking and muscle spasms,

hyperreflexia and grand mal seizures that can progress to fatal epilepsy. There can be delirium the week following total abstinence or a decreased dose.

It is likely that prolonged use of sedatives/hypnotics produces problems of memory, verbal and non-verbal learning, speed and coordination that last after detoxification and, in some cases, culminate in permanent amnesia.”

The short-term drug effects that may occur with low to moderate use include

- Moderate anxiety relief and a sense of wellbeing
 - Temporary memory deterioration
 - Confusion
 - Altered thinking
 - A state of stupor, altered perceptions, and speech impairment
- **Tobacco.** *“It is prepared with Nicotiana tabacum leaves, a native American plant from the Solanaceae family. The main psychoactive ingredient is nicotine”, this according to “WHO” information.*

It causes labored breathing, persistent coughing, and cardiac problems. The long term effects can include emphysema, bronchitis, cardiac disease, and cancer. Tobacco increases the symptoms related to asthma and allergies, apoplexy, slow wound healing, infertility, peptic ulcer, and pneumonia.

Treatments, rehabilitation, and other programs for “students” or “employees”.

As part of the “university’s” commitment to promoting health in members of the “university community”, the “university” has established a brief intervention program for marihuana users. The Brief Intervention Program for Marihuana Users is part of the UDLAP Drug-Free Program, and is offered by the Student Development Program to those students who test positive for THD in drug tests applied by the Medical Services and Sports Rehabilitation Department in accordance to the **“Política de Universidad Libre de Drogas”**.

The program is offered only once to students in order to raise awareness of the risk of marihuana consumption to motivate abstinence, and to help develop the resources to adequately handle cravings, irrational thinking, and risk situations. The program consists of 13 work sessions and two follow-up sessions at most. During the sessions drug tests may be performed to determine continuation in the program. The program has a cost that is determined in conjunction with the Medical Services and Sports Rehabilitation Department.

Once the student successfully finishes the program, all areas will be informed. In case the student does not finish the program, or is suspended from it, the Medical Services and Sports Rehabilitation Department will be informed, in accordance to the **“Política de Universidad Libre de Drogas”**.

Likewise, the “university” has established liaisons with external programs and organizations that help in tending to and solving problems targeted by the “program”.

On a case by case basis, “students” or “employees” are channeled to the programs or institutions listed below, which can also be directly contacted by any “university community” member without intervention of the “university”.

- **UNEME-CAPA**

These are units for the prevention, treatment, and training of personnel to control addictions, in order to improve individual, family, and the population’s quality of life.

It offers an early intervention model that contemplates from drug prevention and promotion of mental health, to a brief treatment that is ambulatory, accessible, and of high quality. It gives priority to the early detection of highly vulnerable people and to experimenting

consumers in order to intervene them and their families in a timely manner and avoid dependency.

- UNEME CAPA Unidad San Pedro Cholula
- Calle 17 Norte No. 202, Col. San Cristobal Tepontla C.P. 72761
- Telephone: +52 (222) 261 73 27
- Monday to Friday, 8:00 to 16:00
- Contact: Miriam Araceli Ávila Reyes

- **Juvenile Integral Center of Puebla (CECAP)**

Centers of Juvenile Integration (CIJ) is a non-profit, non-governmental association incorporated to the Health Sector. It was established in 1969 with the objective of helping young drug users.

Its national network is made up of 117 units in Mexico; 11 are hospitals and 2 are Heroin User Clinics, located in strategic and high-risk areas, where an interdisciplinary group of around 1,300 people, as well as around 8,000 volunteers helped 10.4 million people in 2017 with prevention and treatment services.

- Calle Ignacio Allende No.57 Col. Insurgentes C.P.72540
- Telephone: +52 (222) 246 20 08 // +52 (222) 232 93 72
- E-mail: cijpuebla@cij.gob.mx
- Director: Dr. José Antonio Vicuña García

- **State Council Against Addictions, Puebla**

Primary Prevention Programs for Tobacco, Alcohol, and Drugs

This Council wants to promote and support actions of the public, social, and private sector that prevent and combat public health problems caused by addictions and regulated by the State Health Law.

Likewise, its objective is to decrease the use, abuse, and addiction as well as the impact of disease in individuals, families, and communities, through universal interventions that are selective and geared towards diverse population groups”

- Carretera. Puebla-Valsequillo km. 7.5 (Centro Estatal de Salud Mental) Col. La Joya.
- Telephone: +52 1 (222) 216 38 28 // +52 1 (222) 216 18 81
- Responsible for the Primary Tobacco, Alcohol, and Drug Prevention Program: Dr. Francisco Bernabé Jiménez

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